## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000050718**

1. Corporation Name CONSUL-TECH/GSAC CORP.

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90049 018 \*\*\*150.00



Principal Place		Mailing Address				
50 EAST SAMP	LE RD.	50 EAST SAMPLE RD.				
4TH FLÒÓR		4TH FLOOR				
POMPANO BEACH FL 33064 3141 COMMETCE Parkway 5 POMPANO BEACH FL 33064				DO NOT WRITE IN THIS SPACE		
		3 SAME		3. Date Incorporated or Quali	fed	
Miramo	ar, 71 33025		_	07/20/1993		
	lace of Business	2a. Mailing Address	T.	4. FEI Number	Applied For	r
21 3141	COMMERCE HORKUDU	126 3141 COMME	ICE BIKE	(AU) 65-0432283	Not Applica	able
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additiona	al
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State-		6. Election Campaign Financi	ing _ \$5.00 May Be	
مدة ا	mar, Florida	28 Miranar	florida	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the	current year Intangible	
24 J3C	25 25 /154	<u></u> —	30 / 1/5	,   -,	☐Yes ☐No	
24 200	9 Name and Address of Current			10. Name and Address of Ne	w Registered Agent	
	g. Name and Address of Carrent	Tragioto. Co rigoti	81 Name		<del></del>	
BLO	OM, GARY G			STEUS . VIADE		
50 E SAMPLE RD			82 Stree	Address (P.O. Box Number is Not Acc	ep <del>toble)</del>	1
4TH FLOOR				3141 COMMERCE	tarkway	
	IPANO BCH FL 33064		83			-
, .0	11 7440 501772 55551		84 City	.00	85 Zin Code	
				YTITAMAT	FL: 1.3.70/C	<u>5</u> _
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above-name	corporation submits this statement for	the purpose of changing its registered	ed
office or n	egistered agent or both, in the Silve of	r Florida, Such change was au uns al. Section 607,0505, Flori	inonzed by the coi da Statutes.	d corporation submits this statement for poration's board of directors. I hereby a	ccept the appointment as registered	
	Charles and the second	Secre	etem		1/8/49	
SIGNATURE	Signature, typed or printed name of registered agent		Registerer Agent signatur	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 1.	2
TITLE		DELETE	1.1 TITLE		☐ Change ☐ Ad	idition
NAME	BLOOM, GARY G		1.2 NAME			
STREET ADDRESS	50 E. SAMPLE RD., 4TH FLOOR	1	1.3 STREET ADDRES	3		
	POMPANO BEACH FL		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	S	□ DELETE	2.1 TITLE		Change Ad	idition
	VRABEL, STEPHEN G	_ DESCIE			_ · •	ļ
NAME	5758 NW 62 TERRACE		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRES			
CITY-ST-ZIP	PARKLAND FL		2.4 C/TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change 17 Ad	dition
TITLE	V	☐ DEŁETE	3.1 TITLE		☐ Change ☐ Ad	JUIUÇII
NAME	GARGANTA, ANDRES					
STREET ADDRESS	[		32 NAME			
SINCELADURESS	50 E. SAMPLE RD., 4TH FLOOR	ì	3.2 NAME 3.3 STREET ADDRES	3		
CITY-ST-ZIP	50 E. SAMPLE RD., 4TH FLOOF POMPANO BEACH FL	<b>1</b>	E .	3		
	,	DELETE	3.3 STREET ADDRES	3	☐ Change ☐ Ad	ddition
CITY-ST-ZIP	POMPANO BEACH FL		3.3 STREET ADDRES 3.4. CITY-ST-ZIP		☐ Change ☐ Ad	ddition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POMPANO BEACH FL P MALLOL, CARLOS M 50 E. SAMPLE RD., 4TH FLOOF	DELETE	3.3 STREET ADDRES 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES	5		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR